

The 45th Annual Family Involvement Conference Presenter's Registration Form



Name: _____
(title) (first) (middle) (last)

Position: _____
(title) (school district/other affiliation)

Home Address: _____
(street) (city) (state) (zip)

(email) (telephone) (fax)

Work Address: _____
(street) (city) (state) (zip)

(email) (telephone) (fax)

Title of Session(s): _____

IMPORTANT NOTE:

Presenters must register for the conference using this registration form, and pay a \$50.00 non-refundable conference registration fee. The fee will cover the expense of conference materials, lunch and refreshment breaks during the day of the presentation. Presenters who are staying longer than the day of their presentation must select from the meal options below. **MEALS ARE NOT INCLUDED IN OUR HOTEL PACKAGE.**

Option 1: Meals for the entire conference beginning with dinner on Sunday evening and ending with lunch on Wednesday
Number, Amount _____ X \$262.50 each _____

Option 2: Select only the meals you are interested in purchasing

_____ Sunday Dinner \$39.50	_____ Monday Breakfast \$20.50 _____ Lunch \$27.50 _____ Dinner \$39.50	_____ Tuesday Breakfast \$20.50 _____ Lunch \$27.50 _____ Dinner \$39.50	_____ Wednesday Breakfast \$20.50 _____ Lunch \$27.50
-----------------------------------	---	--	---

Total Amount: _____

If paying by credit card, please provide the following information:

Card Number: _____ Expiration Date: _____

SSV Number: _____ Billing ZIP Code: _____

Cardholder's Signature: _____

Make Checks Payable to: Family Involvement Conference	Mail to: Mr. Paul Rinaldi 509 Newlins Road W Easton, PA 18040	Questions: Mr. Paul Rinaldi (610) 250-9455 paulfrinaldi@gmail.com
---	---	---